

05/1/10

THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Inq	Darryl	N.	599-7630
MAILING ADDRESS (Street)			FAX
900 Fort Street Mall Suite 1140			599-7631
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Organ Donor Center of Hawaii			599-7630
MAILING ADDRESS (Street)			FAX
900 Fort Street Mall Suite 1140			599-7631
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Darryl N. Inq			599-7630
MAILING ADDRESS (Street)			FAX
900 Fort Street Mall Suite 1140			599-7631
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Darryl N. Ing (Signature of Lobbyist) 1/5/05 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Darryl N. Ing</u>		<u>Executive Director</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Organ Donor Center of Hawaii</u>		<u>599-7630</u>	
MAILING ADDRESS (Street)		FAX	
<u>900 Fort Street Mall Suite 1140</u>		<u>599-7631</u>	
(City)	(State)	(Zip Code)	
<u>Hon.</u>	<u>Hi</u>	<u>96813</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Darryl N. Ing</u> (Signature of Authorizing Officer or Person Represented)		<u>1/5/05</u> (Date)	